[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: NOTICE OF REPRESENTATION AND DISCOVERY PURSUANT TO [State Statute/Policy Number]

Our Client: [Client Name]
Your Insured: [Client Name]
Date of Loss: [Date of Accident]
Claim Number: [Claim Number]
Policy Number: [Policy Number]

Dear Claims Representative,

Please be advised that this law firm has been retained to represent the interests of [Client Name] regarding the injuries sustained in the motor vehicle accident that occurred on the date referenced above.

We are hereby asserting a claim for **Uninsured Motorist (UM)** benefits under the aforementioned policy. We have determined that the adverse driver was uninsured at the time of the loss.

Please direct all future communications, correspondence, and settlement discussions regarding this claim to this office. Do not contact our client directly.

Additionally, please provide the following information and documents within [Number] days:

- A certified copy of the complete insurance policy, including the Declarations Page, applicable endorsements, and policy limits.
- Confirmation of the available Uninsured Motorist coverage limits.
- A copy of any recorded statements previously taken from our client.
- The contact information for the adjuster assigned to this file.

Please acknowledge receipt of this letter in writing. We look forward to working with you toward an amicable resolution of this claim.

Sincerely,

[Attorney Signature]
[Attorney Name]
[Law Firm Name]